State Medical Direction Committee Update

Wednesday, August 26, 2020 Teleconference

1. **Excited Delirium/Behavioral Control**
    a. With Ketamine in particular

    Discussion: Warning to EMS for treatment of Excited Delirium(ED), particularly using Ketamine. We have not included Ketamine in last protocol update for ED because of issues with drug concentrations. I have allowed it, not used it, for on line medical direction only. We do a lot of sedation with midazolam of especially drug(meth) induced psychosis teamed with law enforcement. Police encounters and death from excited delirium are obviously a hot topic now, no pun intended(cities burning). There are position statements out there but apparently NAEMSP/ACEP and others doing update now given current political environment. Google this and you will get several current cases. There is lawsuit in Aurora, CO from death in restraint last year, ED identified, victim given behavioral dose ketamine and died in ambulance. Have action against medic in Minneapolis for refusing to sedate combative prisoner after LEO gives a "direct command" to do so. It was reported that there is unidentified case in Virginia where EMS provider also refused to administer behavioral sedative because did not feel in best interest of patient, contrary to LEO request. This has reportedly become a disciplinary issue.

    Very dangerous area. It really is issue of transfer of care from law enforcement to EMS(medical) care. Once EMS intervenes to sedate then they are our patient, even if in custody of LE. We do not sedate just so they can arrest or take to jail. LE can ask us for professional assessment and treatment if indicated. They cannot order us to do assessment or treatment. You treat for medical reasons, not legal reasons.

    Recommendation: I would suggest you go ahead and have conversation with law enforcement now, before it comes up on the street. Discuss this with your providers, have a plan for escalation, dispute resolution if it occurs. Ketamine has been a very effective drug for ED and behavioral control but these patients often require critical care monitoring and airway management, especially if polysubstance abuse involved. Same caution with midazolam.

    Watch for position statements from ACEP& NAEMSP. OEMS and state MDC is not going to take this on with national organizations weighing in on difficult topic. They will channel any new information that comes along.
2. COVID19
    a. It is still here. Assume all patients have C19. Areas of state with high numbers see a lot of strange things, totally unrelated contacts that wind up being positive. Sudden cardiac arrest in positive victims is common in these areas. Of particular concern is cardiac arrest terminated in field. No clear way to get decedent tested, high risk situation for providers. Seeking answers.

b. **Vaccinations**. Coming out of VDH and VDEM. Expectation EMS will have a role in vaccines for public safety community only, for now. It is a political discussion now about whether or not it will be mandatory. My agency was enrolled in VIIS as a vaccination agency/site back during H1N1. Do not see my agency listed now.

   Recommendation: Contact your local Health District office and talk to them about your EMS agency assisting in providing COVID 19 vaccinations when available. In past this meant getting account in VIIS for record keeping, training of providers, etc. Talk to your health department.

3. Whole Blood Programs
   a. September 2, Loudoun Co, Alexandria, and soon Fairfax City will be starting a pre-hospital whole blood program coordinated by region. Something to look at, we have had discussions. I have opened communication with Carilion Trauma services. Dr. Edsall, I think has program in NC.
4. Education
   a. New providers in Post-COVID world, especially Paramedics coming out need close attention and supervision. Some were given provisional certification without complete testing for National Registry. Clinical experience minimal compared to past.
   b. Program medical directors are working with program directors to figure out how you develop competency in areas you can no longer get clinical internships, OB, ICU, OR/Anesthesia. So, a lot of high fidelity simulation, virtual and multimedia as opposed to clinical experience.
5. General Comment
   a. Protocol Update Workgroup a continuing process. More coming soon. All OMD's welcome to participate.
   b. Violence
      i. Just a note from me regarding ongoing violence. Fire/EMS are not considered to be the good guys. They are part of the "establishment". Keep their safety in mind. We learned during the unrest in Charlottesville that Antifa will provide training for their "Street Medics" . They will attempt to render care and possibly obstruct traditional EMS. I have noticed in video from around Virginia, including the South West, that there were individuals rendering treatments with the duct taped red cross on their clothes/bags. This has been their MO. Just saying, these are difficult times.